salt for direct human consumption. Hence iodised salt will continued to be available as a preventive against iodine deficiency disorder.

(d) Further, creation of community awareness about the benefits of using iodised salt and ensuring availability and accessibility of iodised salt to all sections of society will continue to be given greater emphasis and priority in the national programme against iodine deficiency disorders.

Diseases by Saltish Water

688. SHRI BACHANI LEKHRAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether Government have come to know through survey report that the water found in some States in saltish -and is full of nitrate and fluoride;

(b) if so, the cletails of such places, State-wise/UTs-wise;

(c) whether this kind of water is in abundance in Gujarat, as compared to other States;

(d) whether this kind of water is also available in drought-hit areas and due to this reason, public is affected with diseases;

(e) if so, the names of diseases; and

(f) the steps being taken to control this kind of diseases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERM A]: (a) to (f) A report published by the Rajiv Gandhi National Drinking Water Mission in 1994 indicated that certain States of India are affected by the problem of excess fluoride in water. As per the report, the States declared endemic for this problem are 15 in number and Gujarat is also one of these. The other States are Jammu & Kashmir, Punjab, Haryana, Delhi, Uttar Pradesh, Rajasthan, Madhya Pradesh, Maharashtra, Karnataka, Andhra Pradesh, Kerala, Tamilnadu, Orissa and Bihar.

The excess fluoride in water causes dental and skeletal fluorisis and excess nitrate cause blue baby disease. The steps taken to control these diseases in Gujarat are:

'1) Supply of potable drinking water through special schemes in endemic areas;

(2) IEC campaign to advise people on use of alum for defluorination of water; and

(3) Setting up of community based defluorination plants.

Prevention of Sickle Cell Disease

689. DR. C. NARAYANA REDDY:
SHRI RAMA MUNI REDDY SIRIGIREDDY:
SHRI K. RAMA MOHANA RAO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Sickle *Ceil* Disease is largely prevalent in certain parts of the country;

(b) if so, where it is more prominent; and

(c) what steps are proposed to be taken to prevent this?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE [DR. (SHRIMATI) RITA VERM A]: (a) to (c) Sickle Cell Disease is mostly prevalent in tribal population groups and in some Scheduled Caste communities in the country. The sickle belt in India can be drawn running through central parts of the country including parts of Bihar, Orissa, Madhya Pradesh, Andhra Pradesh, Maharashtra, Gujarat, Rajasthan and a pocket of South India near Nilgiri hills.

Like any other genetic disorder, management of the disease is largely symptomatic by offering analgesics and other supportive care for different complications. In view of the prevalence of sickle cell anemia in the tribal population, Indian Council of Medical Research has taken up a pilot study in four States, namely Maharashtra, Gujarat, Orissa & Tamil Nadu. The outcome of the study will enable